



Enterprise of the Coeur d'Alene Tribe

BERG INTEGRATED SYSTEMS Employment Application

(Please type or print clearly)

Position Applying for: _____

NAME: _____ **Date:** _____

Last

First

MI

Current Mailing Address: _____

City

State

Zip

Telephone:() _____ - _____ **Social Security #** _____ - _____ - _____

Enrolled Tribal member (check box) Yes ☐ No ☐ **Tribe:** _____

Spouse/child of enrolled Tribal member Yes ☐ No ☐ **Tribe:** _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

Yes ☐ No ☐

Are you currently employed? Yes ☐ No ☐

May we contact your present and past employer(s)? Yes ☐ No ☐

Date available for work: _____

Are you able to travel if a job requires it? Yes ☐ No ☐

Answer this question only after reviewing a Job Description for the position you are applying for: *Do you have a physical or medical condition which would limit your capacity for the job?* ☐ Yes ☐ No

If YES, what can be done to accommodate your limitation? _____

Have you been convicted of a felony in the last 10 years? ☐ Yes ☐ No

(Conviction will not necessarily disqualify an applicant from employment).

If yes, please explain:

Education

Type of School (High School, College, Business, Trade or Other Type)	Location	Dates Attended	Courses Taken Or Major/Minor	Diploma/Degree Received (Date)

Nonprofessional Licenses or Certificates, including a valid Drivers License (List below)

Type of License	License Number	Expiration Date & State	Granted by (Licensing Board)

Professional Licenses**

Type of License	License Number	Expiration Date & State	Granted by (Licensing Board)

****Applicants applying for positions that require a Professional license must have a current Idaho license. Please attach a copy with your application.**

Prior Work History (List most recent first)

Dates (mm/yyyy)		Name & Address of Present/Last Employer	Rate of Pay		Supervisor's Name and Title	Reason For Leaving
From	To		Start	Finish		
Phone:						

Current/Last Position title: _____ Status (circle one): full-time part-time on-call other: _____

Describe in detail the work you performed:

Dates (mm/yyyy)		Name & Address of Employer	Rate of Pay		Supervisor's Name and Title	Reason For Leaving
From	To		Start	Finish		
Phone:						

Position title: _____ Status (circle one): full-time part-time on-call other: _____

Describe in detail the work you performed:

Dates (mm/yyyy)		Name & Address of Employer	Rate of Pay		Supervisor's Name and Title	Reason For Leaving
From	To		Start	Finish		
Phone:						

Position title: _____ Status (circle one): full-time part-time on-call other: _____

Describe in detail the work you performed:

Attach a sheet if you have additional relevant work experience.

Describe any specialized training and or apprenticeship skills that would pertain to the position for which you are applying:

Describe any job-related training received in the United States Military or other.

List three (3) employment references: (not including any immediate family member)

1)	<hr/>	
	First & Last name	Telephone number
2)	<hr/>	
	First & Last name	Telephone number
3)	<hr/>	
	First & Last name	Telephone number

Authorization and General Release.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge, and understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

I understand that my employment may be conditioned on a background and/or fingerprint check. I authorize, in connection with this application, all corporations, credit agencies, educational institutions, law enforcement agencies, and military services to release information they may have about me to Berg Integrated Systems and release them from any liability or responsibility from doing so. Further, if necessary, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

I authorize any duly authorized representative of Berg Integrated Systems to obtain any information relating to my employment activities from my former employer(s). This information may include, but is not limited to, my achievement, performance, attendance, personal history, or disciplinary information. I authorize my former employer(s) to release such information upon request of the duly authorized representative of the Berg Integrated Systems regardless of any agreement I may have had with my former employer(s) to the contrary. I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization.

In consideration of my employment, I agree to conform to BIS's Policies and Procedures, and I agree that my employment can be terminated, with or without cause, and with or without notice, at any time, at either my or BIS's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by BIS.

If I am offered employment I agree to submit to a medical examination (if required by the job), fingerprinting (if required by the job), and mandatory drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by BIS and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the BIS the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment will be that I abide by BIS's Drug and Alcohol Policy.

Applicant Signature

Date